

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. *A 1977*Office of *Registration of Vital Statistics.*Ward *12*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *Aug. 2. 1887*Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Wm Horace Marlow*Sex, Male or Female, { Cross out the word not required in this line. }Age, *8* Years, Months, Days.Color, *whit*Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }Occupation, *md*Birth Place, { State or country, and how long in the United States, if of foreign birth. } *md*Duration of Residence in the City of Baltimore, *all life*Place of Death, { Give Street and Number. } *1705 David Hill ave*Cause of Death, { First (Primary), Second (Immediate), } *Bilious Dysentery*Duration of Last Sickness, *one week*

All the above information should be furnished by the Physician.

Place of Burial, *Lorraine Cem.*Date of Burial, *Aug. 4/87*{ Undertaker, *Chas. J. Sever* } *G Lane Toney M. D.*

Medical Attendant.

{ Place of Business, *925 Madison* Address, *922 Madison*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1991

Office of Registrar of Vital Statistics.

Ward 2^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

August 2^a 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Anastasia Stacharowski

Sex, Male Female, { Cross out the word not required in this line. }

Age, _____ Years, _____ Months, 5 Min White

Color, _____ Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

1732 Alice Anna St

Cause of Death, { First (Primary), Second (Immediate), }

Asthenia
Life

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Aug 3^a 1887

Undertaker, Felix Broskowski

Place of Business, Alice Anna St Address, _____

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John Chas. De Goy Inspector

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this

Health Department, City of Baltimore.

Permit No. A 1972 Office of Registrar of Vital Statistics.

Ward 16

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CERTIFICATE OF DEATH.

Date of Death, August 3rd 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Demme
Sex, Male or Female, {Cross out the word not required in this line.} Female
Age, _____ Years, _____ Months, 9 Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single
Occupation, None
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.
Duration of Residence in the City of Baltimore, Eighteen
Place of Death, {Give Street and Number.} 420 West St
Cause of Death, {First (Primary), Second (Immediate),} Natural
convulsions
Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Landon Park
Date of Burial, Aug 4/87
{Undertaker, J. Koehler } J. Wiley M. D.
{Place of Business, _____ } Medical Attendant.
Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1973

Office of Registrar of Vital Statistics.

Ward

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CERTIFICATE OF DEATH.

Date of Death,

Aug 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thos A Swann

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, / Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

ml

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt.

Duration of Residence in the City of Baltimore,

lifetime

Place of Death, { Give Street and Number. }

1 E Cor Hoffman + Caroline

Cause of Death, { First (Primary),

Dysentery

Second (Immediate),

asthma

Duration of Last Sickness,

one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial,

Aug 4 1887

{ Undertaker,

Evans + Spence

D. Street

M. D.

Medical Attendant.

{ Place of Business, 1000 E Baltimore Address,

403 N. Eder

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1974

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1974 Office of Registrar of Vital Statistics. Ward 13²

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Berhelmina Krümmel-

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 30 Years, — Months, — Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ☒ Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, two weeks

Place of Death, { Give Street and Number. } Mercy Hospital

Cause of Death, { First (Primary), Typhoid Fever - Second (Immediate), Exhaustion - }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 3rd 1887

{ Undertaker, H. Bander for } Frank R. Martin M. D.

{ Place of Business, 1710 Canton St } Address, Mercy Hospital

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[OVER.]



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

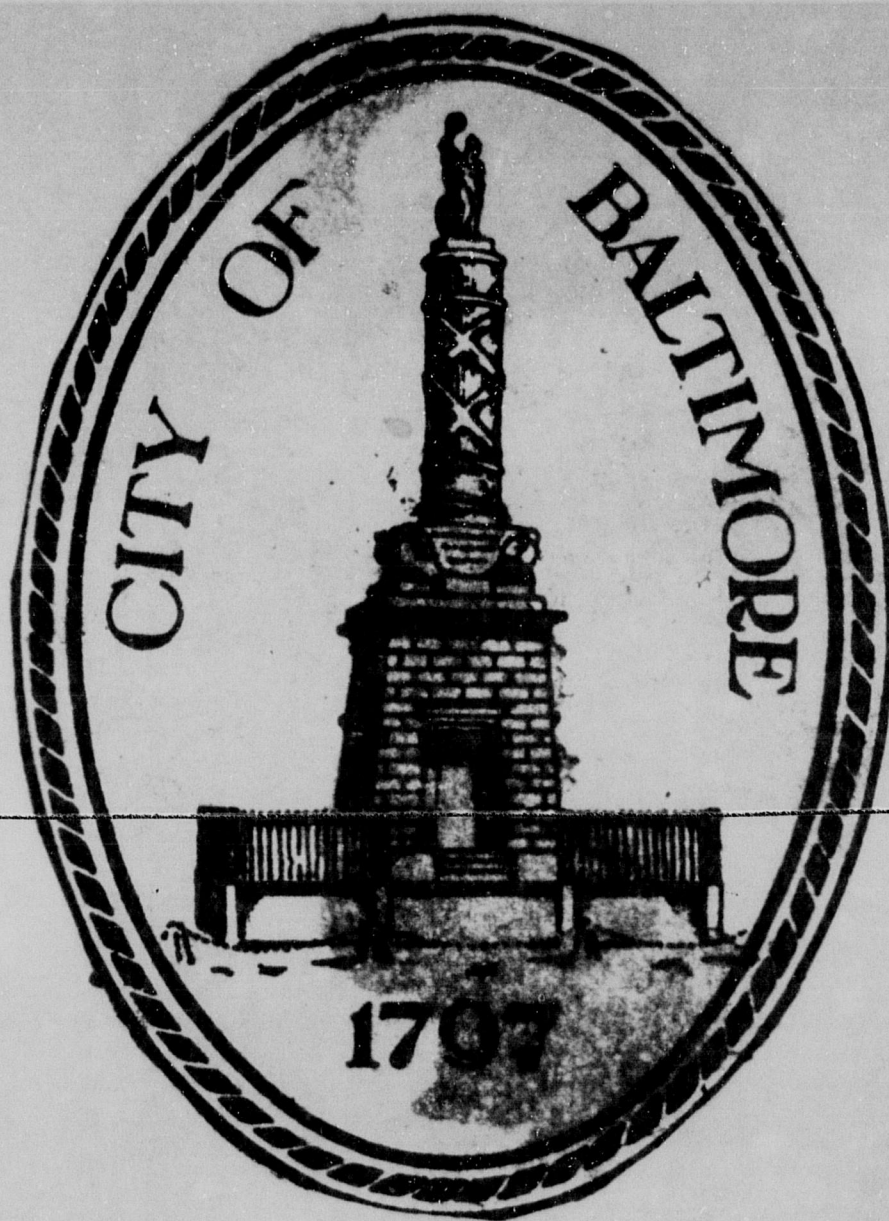
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